

CITY OF MANCHESTER  
Office of City Clerk  
One City Hall Plaza  
Manchester, NH, 03101  
(603) 624-6455

<b>OFFICIAL USE ONLY:</b>
Number _____
Requested _____
Issued _____

**APPLICATION FOR COPY OF DEATH RECORD**

*(Please print)*

Name of Deceased: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Death: (City/Town)\_\_\_\_\_

Purpose for which certificate is requested:\_\_\_\_\_

☐ Issue with cause of death

☐ Issue without cause of death

Your Signature:\_\_\_\_\_ Your relationship to deceased:\_\_\_\_\_

**NH State Law for the search of the file requires a fee of twelve dollars for any one record. The State also requires a valid picture identification of the individual applying for the death certificate before a record will be released. Please note that we do not accept out of state checks, but money orders are accepted. If we find that record and you meet New Hampshire's access requirements, you will be issued one certified copy of that certificate.**

# of certified copies of this record requested:\_\_\_\_\_ (first copy issued \$12, each additional \$8)

The certificate(s) will be mailed to the following address: (please print)

Name of applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Address of applicant: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)

Applicant Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NOTICE**

**Any person shall be guilty of a CLASS B felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24).**

**Please mail completed application to address above.**